

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	6,196,470.35
Behavioral Health Subaccount county percentages	5.45847628

Gross Claim	\$6,196,470.35
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Net Claim / Payment Amount	\$6,196,470.35
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YTD Amount:	\$52,368,403.09
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 1 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	11,054.30
Behavioral Health Subaccount county percentages	0.00973774

Gross Claim	\$11,054.30
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Net Claim / Payment Amount	\$11,054.30
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YTD Amount:	\$93,423.49
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	52,491.59
Behavioral Health Subaccount county percentages	0.04623989

Gross Claim	\$52,491.59
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Net Claim / Payment Amount	\$52,491.59
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YTD Amount:	\$443,623.65
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 3 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,263,254.57
Behavioral Health Subaccount county percentages	1.11280208

Gross Claim	\$1,263,254.57
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Net Claim / Payment Amount	\$1,263,254.57
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YTD Amount:	\$10,676,178.65
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 4 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	101,807.47
Behavioral Health Subaccount county percentages	0.08968229

Gross Claim	\$101,807.47
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Net Claim / Payment Amount	\$101,807.47
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YTD Amount:	\$860,408.31
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 5 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	143,109.50
Behavioral Health Subaccount county percentages	0.12606529

Gross Claim	\$143,109.50
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Net Claim / Payment Amount	\$143,109.50
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YTD Amount:	\$1,209,465.35
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 6 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	2,596,074.66
Behavioral Health Subaccount county percentages	2.28688449

Gross Claim	\$2,596,074.66
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Net Claim / Payment Amount	\$2,596,074.66
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YTD Amount:	\$21,940,278.32
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 7 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	125,848.62
Behavioral Health Subaccount county percentages	0.11086016

Gross Claim	\$125,848.62
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Net Claim / Payment Amount	\$125,848.62
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YTD Amount:	\$1,063,587.95
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 8 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	352,693.78
Behavioral Health Subaccount county percentages	0.31068827

Gross Claim	\$352,693.78
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Net Claim / Payment Amount	\$352,693.78
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YTD Amount:	\$2,980,730.82
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 9 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	3,398,021.68
Behavioral Health Subaccount county percentages	2.99332034

Gross Claim	\$3,398,021.68
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Net Claim / Payment Amount	\$3,398,021.68
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YTD Amount:	\$28,717,795.62
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 10 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	112,979.03
Behavioral Health Subaccount county percentages	0.09952333

Gross Claim	\$112,979.03
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Net Claim / Payment Amount	\$112,979.03
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YTD Amount:	\$954,822.85
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 11 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	558,682.04
Behavioral Health Subaccount county percentages	0.49214351

Gross Claim	\$558,682.04
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Net Claim / Payment Amount	\$558,682.04
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YTD Amount:	\$4,721,605.15
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 12 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	693,763.75
Behavioral Health Subaccount county percentages	0.61113711

Gross Claim	\$693,763.75
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Net Claim / Payment Amount	\$693,763.75
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YTD Amount:	\$5,863,224.99
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 13 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	60,580.92
Behavioral Health Subaccount county percentages	0.05336579

Gross Claim	\$60,580.92
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Net Claim / Payment Amount	\$60,580.92
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YTD Amount:	\$511,989.25
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 14 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	2,658,106.64
Behavioral Health Subaccount county percentages	2.34152852

Gross Claim	\$2,658,106.64
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Net Claim / Payment Amount	\$2,658,106.64
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YTD Amount:	\$22,464,530.95
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 15 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	193,408.34
Behavioral Health Subaccount county percentages	0.17037358

Gross Claim	\$193,408.34
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Net Claim / Payment Amount	\$193,408.34
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YTD Amount:	\$1,634,557.31
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 16 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	285,116.55
Behavioral Health Subaccount county percentages	0.25115942

Gross Claim	\$285,116.55
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Net Claim / Payment Amount	\$285,116.55
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YTD Amount:	\$2,409,613.42
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 17 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	134,314.46
Behavioral Health Subaccount county percentages	0.11831773

Gross Claim	\$134,314.46
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Net Claim / Payment Amount	\$134,314.46
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YTD Amount:	\$1,135,135.56
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 18 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	43,617,531.18
Behavioral Health Subaccount county percentages	38.42272225

Gross Claim	\$43,617,531.18
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Net Claim / Payment Amount	\$43,617,531.18
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YTD Amount:	\$368,626,060.37
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 19 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	299,043.40
Behavioral Health Subaccount county percentages	0.26342760

Gross Claim	\$299,043.40
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Net Claim / Payment Amount	\$299,043.40
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YTD Amount:	\$2,527,313.85
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 20 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	407,959.48
Behavioral Health Subaccount county percentages	0.35937187

Gross Claim	\$407,959.48
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Net Claim / Payment Amount	\$407,959.48
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YTD Amount:	\$3,447,799.36
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 21 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	93,082.36
Behavioral Health Subaccount county percentages	0.08199633

Gross Claim	\$93,082.36
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Net Claim / Payment Amount	\$93,082.36
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YTD Amount:	\$786,669.52
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	781,571.95
Behavioral Health Subaccount county percentages	0.68848743

Gross Claim	\$781,571.95
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Net Claim / Payment Amount	\$781,571.95
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YTD Amount:	\$6,605,320.87
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 23 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	668,412.59
Behavioral Health Subaccount county percentages	0.58880525

Gross Claim	\$668,412.59
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Net Claim / Payment Amount	\$668,412.59
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YTD Amount:	\$5,648,974.03
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 24 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	53,915.92
Behavioral Health Subaccount county percentages	0.04749458

Gross Claim	\$53,915.92
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Net Claim / Payment Amount	\$53,915.92
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YTD Amount:	\$455,661.09
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	29,456.59
Behavioral Health Subaccount county percentages	0.02594834

Gross Claim	\$29,456.59
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Net Claim / Payment Amount	\$29,456.59
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YTD Amount:	\$248,947.34
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,034,582.62
Behavioral Health Subaccount county percentages	0.91136476

Gross Claim	\$1,034,582.62
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Net Claim / Payment Amount	\$1,034,582.62
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YTD Amount:	\$8,743,597.03
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 27 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

NAPA COUNTY TREASURER
1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	407,217.56
Behavioral Health Subaccount county percentages	0.35871831

Gross Claim	\$407,217.56
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Net Claim / Payment Amount	\$407,217.56
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YTD Amount:	\$3,441,529.13
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 28 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	414,904.93
Behavioral Health Subaccount county percentages	0.36549012

Gross Claim	\$414,904.93
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Net Claim / Payment Amount	\$414,904.93
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YTD Amount:	\$3,506,497.59
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 29 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	3,857,201.43
Behavioral Health Subaccount county percentages	3.39781219

Gross Claim	\$3,857,201.43
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Net Claim / Payment Amount	\$3,857,201.43
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YTD Amount:	\$32,598,474.24
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 30 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	422,493.95
Behavioral Health Subaccount county percentages	0.37217530

Gross Claim	\$422,493.95
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Net Claim / Payment Amount	\$422,493.95
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YTD Amount:	\$3,570,634.92
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 31 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	98,230.73
Behavioral Health Subaccount county percentages	0.08653154

Gross Claim	\$98,230.73
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Net Claim / Payment Amount	\$98,230.73
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YTD Amount:	\$830,180.13
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 32 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	3,406,134.43
Behavioral Health Subaccount county percentages	3.00046687

Gross Claim	\$3,406,134.43
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Net Claim / Payment Amount	\$3,406,134.43
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YTD Amount:	\$28,786,359.12
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 33 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	6,290,793.62
Behavioral Health Subaccount county percentages	5.54156573

Gross Claim	\$6,290,793.62
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Net Claim / Payment Amount	\$6,290,793.62
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YTD Amount:	\$53,165,559.94
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 34 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	98,591.40
Behavioral Health Subaccount county percentages	0.08684925

Gross Claim	\$98,591.40
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Net Claim / Payment Amount	\$98,591.40
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YTD Amount:	\$833,228.23
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 35 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	4,177,023.64
Behavioral Health Subaccount county percentages	3.67954386

Gross Claim	\$4,177,023.64
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Net Claim / Payment Amount	\$4,177,023.64
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YTD Amount:	\$35,301,396.60
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 36 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	5,699,969.38
Behavioral Health Subaccount county percentages	5.02110813

Gross Claim	\$5,699,969.38
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Net Claim / Payment Amount	\$5,699,969.38
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YTD Amount:	\$48,172,310.56
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 37 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	2,970,620.73
Behavioral Health Subaccount county percentages	2.61682246

Gross Claim	\$2,970,620.73
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Net Claim / Payment Amount	\$2,970,620.73
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YTD Amount:	\$25,105,690.01
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 38 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,929,165.32
Behavioral Health Subaccount county percentages	1.69940346

Gross Claim	\$1,929,165.32
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Net Claim / Payment Amount	\$1,929,165.32
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YTD Amount:	\$16,304,008.82
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 39 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	993,161.90
Behavioral Health Subaccount county percentages	0.87487721

Gross Claim	\$993,161.90
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Net Claim / Payment Amount	\$993,161.90
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YTD Amount:	\$8,393,536.97
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 40 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	912,589.76
Behavioral Health Subaccount county percentages	0.80390114

Gross Claim	\$912,589.76
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Net Claim / Payment Amount	\$912,589.76
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YTD Amount:	\$7,712,595.38
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 41 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,274,557.47
Behavioral Health Subaccount county percentages	1.12275882

Gross Claim	\$1,274,557.47
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Net Claim / Payment Amount	\$1,274,557.47
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YTD Amount:	\$10,771,703.21
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 42 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	4,113,802.56
Behavioral Health Subaccount county percentages	3.62385236

Gross Claim	\$4,113,802.56
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Net Claim / Payment Amount	\$4,113,802.56
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YTD Amount:	\$34,767,094.59
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 43 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,203,436.03
Behavioral Health Subaccount county percentages	1.06010788

Gross Claim	\$1,203,436.03
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Net Claim / Payment Amount	\$1,203,436.03
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YTD Amount:	\$10,170,632.60
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 44 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	542,503.74
Behavioral Health Subaccount county percentages	0.47789203

Gross Claim	\$542,503.74
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Net Claim / Payment Amount	\$542,503.74
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YTD Amount:	\$4,584,877.03
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 45 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	15,290.36
Behavioral Health Subaccount county percentages	0.01346929

Gross Claim	\$15,290.36
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Net Claim / Payment Amount	\$15,290.36
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YTD Amount:	\$129,223.83
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 46 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	209,063.15
Behavioral Health Subaccount county percentages	0.18416392

Gross Claim	\$209,063.15
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Net Claim / Payment Amount	\$209,063.15
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YTD Amount:	\$1,766,861.29
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 47 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,180,082.74
Behavioral Health Subaccount county percentages	1.03953594

Gross Claim	\$1,180,082.74
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Net Claim / Payment Amount	\$1,180,082.74
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YTD Amount:	\$9,973,266.24
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 48 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	895,653.33
Behavioral Health Subaccount county percentages	0.78898182

Gross Claim	\$895,653.33
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Net Claim / Payment Amount	\$895,653.33
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YTD Amount:	\$7,569,460.03
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 49 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,327,012.02
Behavioral Health Subaccount county percentages	1.16896608

Gross Claim	\$1,327,012.02
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Net Claim / Payment Amount	\$1,327,012.02
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YTD Amount:	\$11,215,013.79
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 50 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	850,516.00
Behavioral Health Subaccount county percentages	0.74922031

Gross Claim	\$850,516.00
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Net Claim / Payment Amount	\$850,516.00
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YTD Amount:	\$7,187,989.68
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 51 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	220,814.41
Behavioral Health Subaccount county percentages	0.19451561

Gross Claim	\$220,814.41
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Net Claim / Payment Amount	\$220,814.41
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YTD Amount:	\$1,866,174.98
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 52 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	77,025.82
Behavioral Health Subaccount county percentages	0.06785211

Gross Claim	\$77,025.82
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Net Claim / Payment Amount	\$77,025.82
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YTD Amount:	\$650,970.45
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 53 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,811,010.23
Behavioral Health Subaccount county percentages	1.59532053

Gross Claim	\$1,811,010.23
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Net Claim / Payment Amount	\$1,811,010.23
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YTD Amount:	\$15,305,441.35
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 54 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	116,134.87
Behavioral Health Subaccount county percentages	0.10230331

Gross Claim	\$116,134.87
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Net Claim / Payment Amount	\$116,134.87
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YTD Amount:	\$981,493.85
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 55 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A
PAYMENT ISSUE DATE: 07/30/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 **To** 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	1,674,953.72
Behavioral Health Subaccount county percentages	1.47546823

Gross Claim	\$1,674,953.72
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Net Claim / Payment Amount	\$1,674,953.72
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YTD Amount:	\$14,155,583.18
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 56 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200373A

PAYMENT ISSUE DATE: 07/30/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.5(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

Behavioral Health Subaccount per GC 30027.5(f)

Fiscal Year: 2012

Collection Period: 06/16/2013 To 07/15/2013

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	113,520,148.01
Behavioral Health Subaccount apportionment amount per county for current period	406,858.44
Behavioral Health Subaccount county percentages	0.35840196

Gross Claim	\$406,858.44
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Net Claim / Payment Amount	\$406,858.44
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YTD Amount:	\$3,438,494.07
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For assistance, please call: Nathalie Ortiz at (916) 323-0740

7/22/2013

Page 57 of 57